## The New



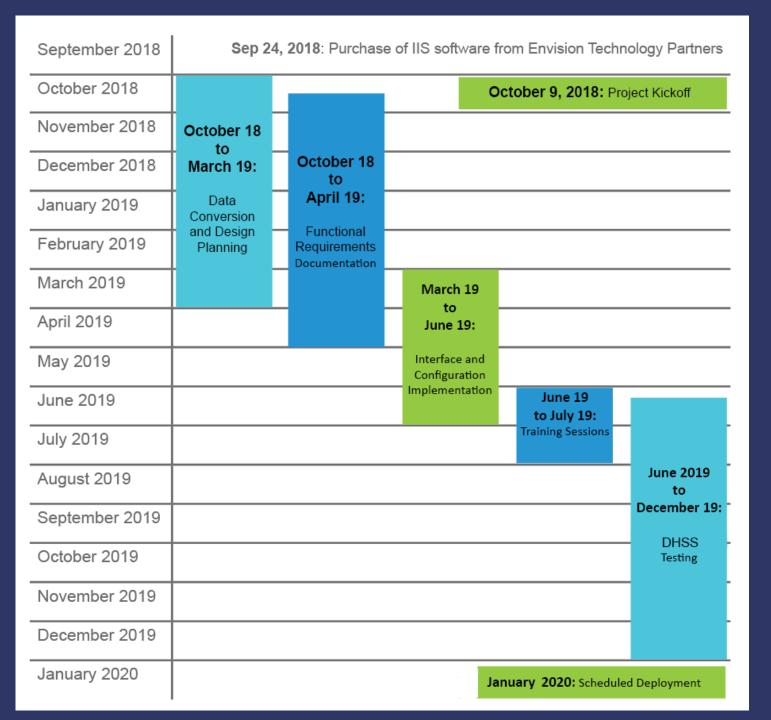
Coming January 2020!

# Why Replace ShowMeVax?



#### The current ShowMeVax system does not:

- Meet national IIS functional requirements
- Stay up to date with changing vaccine schedules
- Support bidirectional interfaces with EHR systems
- Function in any web browser other than Internet Explorer



## Project Timeline

The User Acceptance Testing phase begins this summer

If you would like to be a tester, please contact <a href="mailto:ShowMeVaxSupport@health.mo.gov">ShowMeVaxSupport@health.mo.gov</a>

www.health.mo.gov/iisupgrade

## WebIZ is used by



American Samoa Arkansas

Mariana Islands

Colorado

Connecticut

Delaware

Federated States

of Micronesia

Guam

Kansas

Kentucky

Marshall Islands

Missouri

Nevada

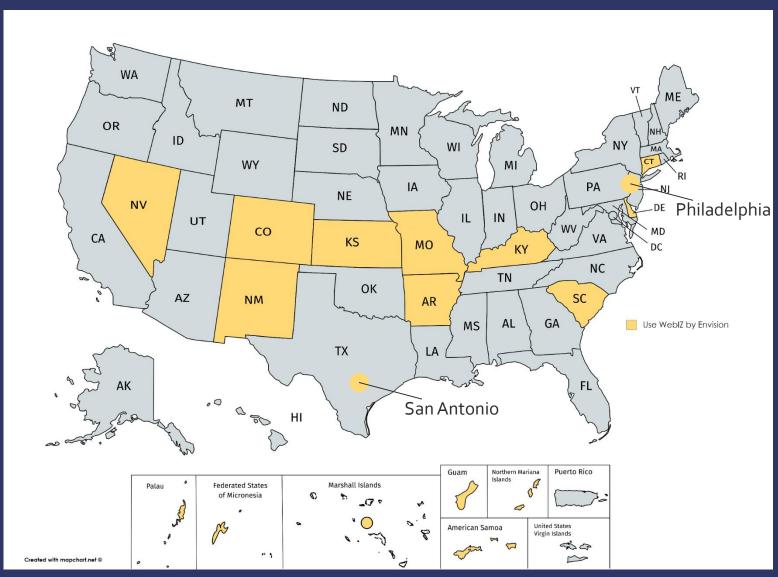
New Mexico

Palau

Philadelphia

San Antonio

South Carolina





#### Missouri's Immunization Information System

# Username Password Forgot Password? Login

Trouble Logging in?

#### Request User Account

Notice: You are about to gain access to a Missouri Department of Health and Senior Services application. By proceeding, you are agreeing to keep confidential all information made available to you through this application. Any unauthorized access, use and/or disclosure of information may result in a loss of access privileges, an action for civil damages, an action for criminal charges, and/or disciplinary action including but not limited to suspension or dismissal.

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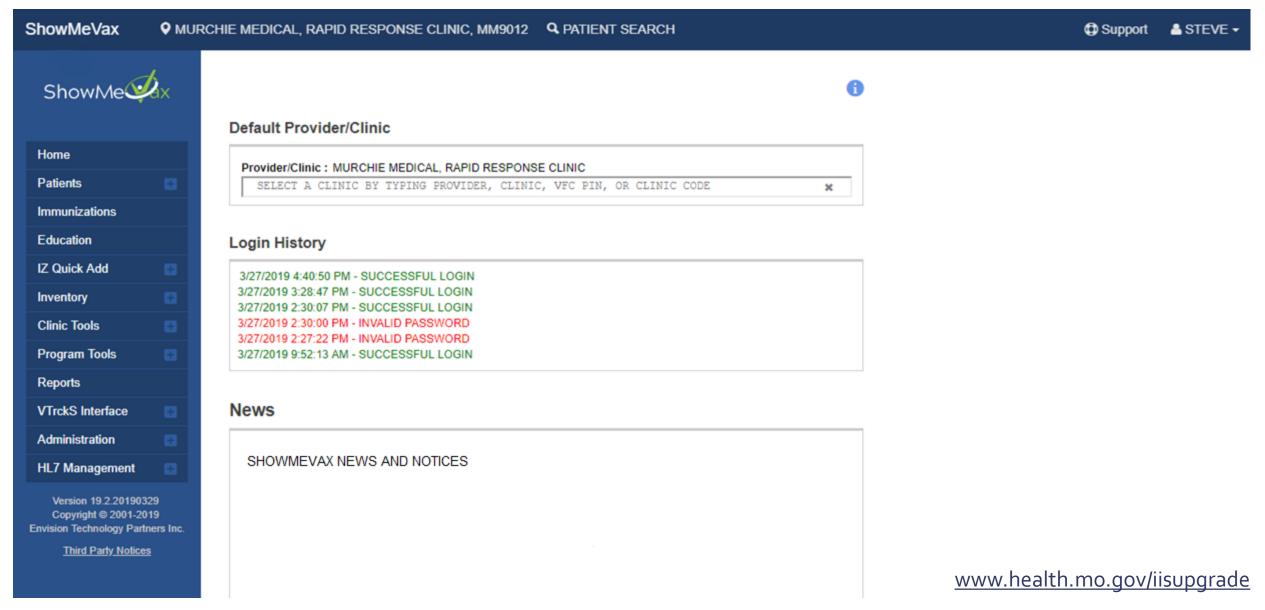
## Logging In

The new system allows you to create your user account and reset your own password.

No more calling the Helpdesk or ITSD to reset your password!

## Using the New System







#### Missouri Immunization Record Official Document

#### Registro de Inmunizacion

Name/Nombre:	Mickey Mouse
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Date of Birth/Fecha de Nacimiento: 07/27/2007

Gender/Genero: M

ShowMeVax ID#: 123456

Date of Next Vaccination/Fecha de Proxima Vacuna: 04/03/2019

Present this record at each medical visit.

Presente este documento durante sus visitas medicas.

Your child must meet the state of Missouri immunization requirements to be enrolled in school or licensed day care. Retain this document as proof of immunizations.

Su niño debe cumplir con los requisitos de inmunizacion del estado de Missouri, para poder inscribirse en la escuela o en la guardería. Retengar este documento como prueba de inmunizaciones.

Allergies/Precautions/Contraindications Alergias/Precauciones/Contraindicaciones:

Vaccine Reactions / Reacciones contra Vacunas:

#### Comments

Date	Note	

#### Vaccines Refused

Date	Note	

	Vaccine/Vacuna	Date Given Dada en la Fecha MMVDD/YYYY	Age at Imm. Edad Cuando Inm.	Next Due Date Proxima Vacuna MM/DD/YYYY
		Influenz	а	-V-Carrena Carrena
1	Influenza, UF	10/25/2017	10Y 2M 28D	07/01/2018
2	Influenza, UF	10/28/2016	9Y 3M 1D	
3	Influenza, UF	11/20/2015	8Y 3M 24D	

	Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Inm.	Next Due Date Proxima Vacuna MM/DD/YYYY
Ser.	70.70	DTaP/TD/To	lap	Karatana.
1	DTaP	09/24/2007	0Y 1M 28D	08/20/2028
2	DTaP	11/26/2007	0 Y 3 M 3 O D	
3	DTaP	01/28/2008	0Y 6M 1D	
4	DTaP	10/28/2008	1Y 3M 1D	
5	DTaP	08/15/2012	5 Y DM 19D	
6	Tdap, Adsorbed	08/20/2018	11Y 0M 24D	
38		Polio		(
1	Polio-IPV	09/24/2007	0Y 1M 28D	Complete
2	Polio-IPV	11/26/2007	O Y 3M 30D	
3	Polio-IPV	01/28/2008	0Y 6M 1D	
4	Polio-IPV	08/15/2012	5 Y OM 19D	
		Hib		
1	Hib, UF	09/24/2007	OY 1M 28D	
2	Hib, UF	11/26/2007	O Y 3M 30D	
3	Нib, UF	01/28/2008	DY 6M 1D	
4		2		
		Pneumococc		-
1	PCV13	09/24/2007	0 Y 1M 28D	07/27/2072
2	PCV13	11/26/2007	0 Y 3M 30D	
3	PCV13	01/28/2008	0Y 6M 1D	
4	PCV13	10/28/2008	1Y 3M 1D	
5	PCV13	10/18/2010	3Y 2M 21D	
		Rotavirus		
1	Rotavirus, UF	09/24/2007	0Y 1M 28D	Complete
2	Rotavirus, UF	11/26/2007	0 Y 3M 30D	
3	Rotavirus, UF	01/08/2008	0Y 5M 12D	
-		Hep A	47/51/200	To the
2	Hep A, ped/adol, 2D	01/26/2009	1 Y 5M 30D 2Y 0M 3D	Complete
2	Hep A, ped/adol, 2D		21 UNI 3D	
1	Hep B, ped/adol	Hep B 07/27/2007	OY OM OD	Complete
2	Hep B, ped/adol	09/24/2007	DY 1M 28D	Complete
3	Hep B, ped/adol	11/26/2007	0 Y 3M 30D	_
4	Hep B, ped/adol	01/28/2008	0Y 6M 1D	_
-	Trep D, pedrador	MMR	OT OWN TE	
1	MMR	07/28/2008	1Y 0M 1D	Complete
2	MMR	08/15/2012	5Y 0M 19D	
	, mark	Varicella (CPC	SECTION ASSESSED.	10
1	Varicella	07/28/2008	1Y 0M 1D	Complete
2	Varicella	08/15/2012	5Y 0M 19D	
		Meningococo	al	
1	MCV4 UF	08/20/2018	11 Y OM 24D	07/27/2023
2				1

#### Official Records

Patient immunization records have been redesigned to show:

- Invalid vaccines
- Allergies and reactions
- When the next doses are due for series
- The last three flu shots on record

Records are printable from the patient screen and will show the date and provider that printed the record

# Reporting



- ACIP Child, Adolescent, and Adult Immunization Schedules
- Vaccine Information Statements (VIS)
- Inactivated Patients
- Patient Reminder/Recall
- Patient Roster
- Doses Administered
- Immunization Rates (County/Zip Code Level)

- Vaccine Borrowing Report
- Unaccounted for Doses
- Vaccine Shipment and Order Status
- Vaccine Return Inquiry and Status
- Inventory On-Hand
- Inventory Summary By Funding Source
- Inventory Transaction Inquiry
- Inventory Transfer Inquiry

#### Want to Know More?



Visit <u>www.health.mo.gov/iisupgrade</u> for FAQs and project news.

Sign up for the listserv at <a href="https://health.mo.gov/iis-subscribe">https://health.mo.gov/iis-subscribe</a>

 Contact the ShowMeVax helpdesk at 877-813-0933 or showmevaxsupport@health.mo.gov.